

United States Bankruptcy Court  
Southern District of Illinois  
750 Missouri Avenue  
East St. Louis, Illinois 62201  
(618) 482-9400  
Fax (618) 482-9414

**CREDIT CARD AUTHORIZATION FORM  
ONE TIME AUTHORIZATION**

To the Attention of: \_\_\_\_\_

Name of Debtor(s) : \_\_\_\_\_ Case Number : \_\_\_\_\_

I hereby authorize the United States Bankruptcy Court for the Southern District of Illinois to charge the credit card noted below for payment of fees, costs and expenses which are listed below. I certify that I am a person who is authorized to use this credit card.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Information about card:**

<input type="checkbox"/>	American Express No. _____	Expiration Date: _____
<input type="checkbox"/>	Diners Club No. _____	Expiration Date: _____
<input type="checkbox"/>	Discover No. _____	Expiration Date: _____
<input type="checkbox"/>	MasterCard No. _____	Expiration Date: _____
<input type="checkbox"/>	VISA No. _____	Expiration Date: _____

**Information about the charge:** Please check the appropriate box and the amounts:

<input type="checkbox"/>	Filing Fee(s) (for new or reopened cases)	\$ _____
<input type="checkbox"/>	Motion Fee(s)	\$ _____
<input type="checkbox"/>	Conversion Fee	\$ _____
<input type="checkbox"/>	Search Fee	\$ _____
<input type="checkbox"/>	Copies and certification	\$ _____
<input type="checkbox"/>	Appeal Filing Fee(s)	\$ _____
<input type="checkbox"/>	Archive File Retrieval	\$ _____
<input type="checkbox"/>	Other: _____	\$ _____

Total Charge \$ \_\_\_\_\_

**You must photocopy your credit card (both sides) and  
return a copy with this form.**